

have received from them great aid in the accuracy of our diagnosis.

There is no doubt that, with a modern stereoscopic view, a much more definite relative location of shadows can be made, and some of the errors of the kind that were mentioned here to-night might be avoided in the future.

Dr. Krotoszyner, closing discussion: In answer to the first question I wish to state that the horseshoe kidney was exposed by one large incision in the right loin of the patient. The stones were then removed through two small incisions in the renal parenchyma just large enough to permit of their extraction. If we would have been able to obtain more direct evidence by any of the many methods of examination, including pyelography, applied in this case, we might have been able to make a better preoperative diagnosis and to formulate a more rational operative procedure, and I have reported the case in order to give others a chance to avoid, if possible, similar errors in the future.

I have not had much experience with stereoscopic radiograms, but I do not think that we would have been able, even by this method, to answer the question whether the location of a certain shadow was within or outside the renal parenchyma. The case presented in this connection demonstrates another possibility for a diagnostic error, if we rely solely upon radiography in the diagnosis of renal lithiasis.

PEDIATRIC SITUATION IN EUROPE AND THE EFFECT OF THE WAR ON THE SAME.*

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You have asked me to give you a résumé of the pediatric situation in Europe, and the effect of the war on the same. In doing this, I will briefly confine my remarks to my own experience and observation, taking each place in turn, and pointing out the things which to me seem most characteristic.

London: My observation here is confined largely to Great Ormand Street Hospital for Children, and the children's wards in the University Hospital. The Great Ormand Street Hospital has the largest out-patient department of any of the hospitals I have visited in Europe. There is a regular post-graduate school in connection with the hospital, in which you can register in small classes for the out-patient work, or you can become a clerk to an assistant in the out-patient or to the visiting staff of the hospital proper. The clerks are expected to write up the histories and also make physical examinations, and in the hospital to do at least part of the routine laboratory work. The amount of material in the out-patient department is so abundant, and assistants so few, that the examinations are necessarily in most cases somewhat superficial.

In taking the history of a feeding case, little or no attention is paid to the previous diet. You find history after history simply reading, "the child was off its feed." There is seldom any reference to the character of the previous feeding. There is little or no attempt at modification, but a great deal of sodium citrate is used in the milk. The children are practically all of very poor parentage, and convalescents in the hospital among the older children do better on bread with tallow

"drippings," than they do with butter, because they were used to it before.

London has the most poorly dressed, poorly nourished, poverty-stricken children of any of the cities I have ever visited. As a result, they have the greatest number of malnutrition, and later, rachitic cases. The latter exhibited some of the most extreme bony deformities. After seeing so many such cases, I can easily understand why rickets is called "englische krankheit."

In connection with the hospital out-patient department, there is what is called the "Casualty Department." This corresponds to our minor surgical department. Small operations, like removal of tonsils, adenoids, circumcisions, opening abscesses, are performed here. It is here that so many tonsil operations are performed by the Waugh enucleation method. It is rapid, clean, and complete, and with but little hemorrhage. I have seen Mr. T. Babbington Ward do as many as eleven, together with the adenoids, in less than an hour. Mr. Waugh's instrument is used in all these cases, and chloroform was the routine anesthetic.

There is no better place in the world to study rheumatism and its manifestations and complications, than in London. I was a daily visitor, and special student in Drs. Poynton and Still's clinic, and saw many rare rheumatic complications. Dr. Poynton, who has made more of a study of rheumatism in children than any other man in England, and the world perhaps, told me there is more rheumatism in London, than anywhere in England. He has done but little in the last few years on the bacteriology of rheumatism. Nearly all cases start, or are associated with chorea. The nodules, seldom seen in America, are very common. They are so large, that in many cases palpation is unnecessary. You can see them. The most common locality is on the elbows, the spinous processes, and sometimes on the tendons. Many times they stand out like grains of corn under the skin. These, Poynton considers as rheumatism in miniature. They are a bad prognostic sign, and nearly always associated with marked cardiac symptoms, endocarditis.

Closely related to rheumatism, with its characteristic deformity, is Still's disease. More cases are seen here than anywhere in the world. These were practically all in Dr. Still's wards. They were being treated with radium. Sometimes it was thought an improvement was noticed, but it was only transitory, and it was agreed that no marked permanent benefit followed its use.

Other interesting things observed, were a great number of apparently primary pyelitis cases. There was also an epidemic of scarlet fever. I saw a number of rare cerebellar tumors with most interesting and characteristic symptoms operated by Mr. Waugh, with complete recovery.

A very unique feature of the London pediatric relation, was the meeting of the Pediatric Society at the Royal Academy of Medicine. At this meeting, each man presents his case written up in detail, with history, and physical findings. The cases are numbered with large numbers, and

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each member has a printed history of the case before him. You go from case to case, like so many exhibits, and make your own examination or observation. Many of the cases are brought here for diagnosis. After spending an hour with the cases themselves, the children and parents are allowed to return home, and the society meets in the assembly hall, and discusses each case.

On the whole, English physicians are not so accurate in their diagnosis, and have a tendency to use more drugs than in other places.

Paris: An investigation of the Juvenile Court was made in every city of importance. This was all my time permitted in Paris. Many moral points of view, and the way the public looks upon illegitimacy, near-white-slave, etc., would, I am afraid, be somewhat shocking to many American court workers. For instance, girls working in stores are given leave of absence to give birth to an illegitimate child, and then taken back as soon as they are able to work. A new Juvenile Court law was passed, but has never gone into effect as yet.

Munich: The most striking thing about Munich, which seemed characteristic of all the German cities, was the great emphasis placed upon hygienic and prophylactic measures. For instance, all children must be vaccinated when they reach a certain age. The health department sends out a notice when the child reaches the age of two. The method of vaccination consists in making four minute incisions with a fine scalpel, which has been dipped in the virus. These knives are then sterilized, by being placed on a revolving disk, so arranged that each knife passes through a flame. This method of vaccinating leaves a very little scar, contrasted with the big English scar, and it was a very rapid and clean method. An officer in charge told me that the department had vaccinated as many as 600 in one hour. I saw one complication following vaccination, which consisted of large blebs in the mouth and throat, and edema about the uvula. This was accompanied by temperature, loss of appetite, etc. Their statistics showed that one case in 3,000 was affected in this way.

Pfundler's clinic in the university was well attended. Representatives were there from all parts of the world, except England. Pfundler's clinic is not large, and he has remarked that he had more assistants than patients. All courses are given in German.

One of the very important features of this clinic is the milk station. They not only gave out modified milk, but tea. One of the most unique milk bottle washers and sterilizers that I ever saw, was in this clinic. The apparatus consisted of a large wheel, about ten feet in diameter, which picks up the bottles, washes them inside and out, sterilizes them with boiling water, and deposits them again. In connection with the milk station, there is a normal infant clinic which tends to keep the child in sound health. The best one in America, compared to this, is found in Toronto.

I did not see or hear of a case of typhoid or malaria in Germany or Austria. It is authentically told, that only one case of typhoid was discovered

in Munich in several years, and this was traced to a dairyman, who had it in his family a year before. The dairyman not only lost his business, but was imprisoned for nine years.

In our country we talk much of "swatting the fly." In Munich, and many German cities, they go beyond this, and starve them to death, by keeping the streets so clean that there is nothing for the flies to feed on.

Great case is taken of the infants and school children. All children are well provided with clothing and shoes, and when the parents seem unable to do this, the government does it.

Another very important feature which preserves the health of the child, is a two-hour intermission from school at noon time, for eating and resting. An excellent and most needful thing to introduce in American schools.

Another feature which illustrates the endeavor of the Germans to preserve the normal, and educate the laity, is found in the workingman's museum. In this, you see models, diagrams and concrete illustrations, showing the relative values of foodstuffs, necessitative cleanliness, and care of the child (including care of the eyes and ears), the most efficient and inexpensive way of making infants' beds and bedding, the preparation of foods, etc.; also information about every conceivable occupational disease, with its complications, and everything bearing upon the health of the child and parent. In addition to this, the government issues bulletins bearing upon health conditions, which are sought and read.

Vienna: My observation in this city is confined largely to Professor Pirquet's Kinderklinik in the University of Vienna, where I was a voluntary clinical assistant. I visited, however, St. Anne's Spital, and the Polyklinik. Professor Pirquet's Kinderklinik is one of the best equipped, and best organized children's hospitals in Europe. All of his assistants are able and enthusiastic workers. Each one is a specialist in some certain line of work. They all do research work, and have the scientific spirit so thoroughly fixed in them that very few of them encourage outside practice or consultation. When they enter they expect to devote their entire life to their particular line of work. Docent Schick could enjoy a big consultation practice, but he prefers the hospital work. With the exception of Docent, none of the assistants receive remuneration. They receive their room, but pay for their board. All voluntary assistants in the hospital must understand German, and agree to stay at least from six months to a year, before they can enter. In addition to the hospital and clinical work, all assistants are encouraged to carry on as much research work as possible.

There are two things which stand out most conspicuously in this hospital; one is the contagious ward, and the other the tubercular ward. Many of the contagious cases are placed in the famous glass "box." This consists of several rooms, separated by glass partitions running to the ceiling. Around the outside is a corridor, into which doors open from these rooms, where the doctor and

nurses enter. The center corridor communicates with the outside, and is used only for visitors. In the "box" we find diphtheria, measles, gonorrhea, scarlet fever, and other contagious diseases, side by side. In addition to the box, there are two other wards devoted to contagious diseases.

Tuberculosis: The tubercular wards in this hospital—the hobby of Professor Pirquet—are always filled. It is in charge of Assistant H. Koch. In addition to the tuberculin treatment, great advantage is taken of the open air and sunlight. During the winter months, the children are wrapped up and kept on the roof, while in the summer they are in the same place, the majority of them with no clothes on, becoming as brown as Indians, and wearing nothing but a hat. I have seen marvelous results in tubercular peritonitis and adenitis, as well as in pulmonary tuberculosis.

Tuberculin is given twice a week. Before each time of giving each child has a Pirquet test, and accurate measurements and observations of the reaction made every two hours to four hours thereafter. A new place on the body is used with each injection. A diagram of the body is made, with a different number on it for each time the injection is given, e. g., if the injection is the 12th, it always goes in a certain place, and after about 20, they start over again.

There is no place in the world where the X-ray is more freely used as part of the routine examination. Practically all of the cases are screened, all pulmonary cases are screened and Röntgenographed, and all rare cases photographed in colors. The Pirquet tubercular cutaneous test is made on all children entering the hospital.

The epileptic ward, in charge of Assistant Janusche, formally a special student of Professor Meyer, has some of the most beautiful colored charts illustrating the effects of certain drugs upon the intensity, number of attacks, etc.

The same system of colored charts is used in nephritic and feeding cases. In the feeding cases, the different colors represent different ingredients of food. They are all fed on the caloric basis.

The psychopathic ward, which is run in connection with this Juvenile Court, well illustrates the necessity of accurate observation, and study of delinquents.

I have never, in any hospital in the world, seen so many manifestations of syphilis in children; keratitis, epiphysitis, periostitis, etc.

It was during my stay in the Kinderklinik that the first children with icterus hemorrhagica were sent for operation to the Eiselberg clinic, Prof. Ranzi operating. I remember one case with a red count of 800,000, increasing to a little over 4,000,000 within three weeks after splenectomy. As far as I know, all did well afterwards, with one exception. This one died of embolism about three months after operation.

A hundred per cent. of the deaths are posted, thus making one of the best places in the world for pathological study, especially when coupled with courses of Erdheimer.

I was surprised to find Hamberger treating pulmonary tuberculosis by suggestion. He claimed

that in many cases the temperature and all symptoms subsided.

Berlin: The most conspicuous thing in Berlin is the infant feeding of Finkelstein and Meyer. (My visit to Berlin was made about two months after the war had started.) At that time, Finkelstein had practically but one assistant—a lady physician. Prof. Finkelstein's work then was necessarily hasty and superficial. Everything was more or less disorganized. A very interesting feature is a separation of the beds by a glass partition running up 5 or 6 feet, and some wards have cheesecloth or muslin partitions separating the beds.

The effect of the war on pediatrics had been marked. Everything has given place to war. For instance, over one-half of the beds in Professor Pirquet's Kinderklinik are turned over to wounded soldiers. Over half of the out-patient service was cut off. Before the war began, clinics were held morning and afternoon. All morning clinics were at once cut out. Only the most urgent cases were admitted to the hospital. Work was disorganized, superficial, hasty, and under great tension. Teaching and research has stopped. Practically all of the assistants who were doing such wonderful research work, are now devoting their energies to army and sanitary service. Assistants Göer and Kossovitz were compelled to stop their work on immunity of the new born, and Kossovitz is at present a prisoner in East Siberia. Göer, for the last three years was doing some work in diphtheria immunity, which promised valuable results. Meyerhoffer's work on metabolism was stopped, and he devoted himself to army duties. Rache is at the front; his work on X-ray in tuberculosis and intestinal diseases has ceased. Assistants Nobel and Hecht were carrying on the most interesting and promising stage of their research work with the electrocardiograph. Both men are now at the front. H. Koch's special study of tuberculosis and tubercular meningitis, and work on intubation has stopped, although he is still at the hospital. Docent Schick is also in the hospital, although doing no research. His cutaneous diphtheric reaction and other equally important research work is discontinued. Prof. Pirquet was about to give to the world (the result of his latest work), some new tubercular theory, but he, too, is now devoting a large part of his time to the wounded soldiers occupying his hospital.

Summary: Liverpool for orthopedics; London for mal-nutrition, rheumatism and its manifestations of chorea, endocarditis and nodules; Munich for hygiene, prophylaxis, health regulations and food stations, and preservation of the normal; Vienna for tuberculosis, syphilis, X-ray, pathology and research work; Berlin for infant feeding; America for practicability and some of the best of all.

If the war would stop today, it would take Germany and Austria more than a generation to regain the position they have so long held in the scientific world.

I believe one of the effects of the war will be a tendency to shift this scientific and research spirit to America.